

KENTUCKY DEPARTMENT OF AGRICULTURE
Division of Regulation & Inspection
107 Corporate Dr.
Frankfort, Kentucky 40601

PHONE: 502/573-0282

FAX: 502/573-0303

ASSESSMENT FEE REPORT FOR SHELL EGGS AND/OR EGG PRODUCTS

NAME OF PAYING FIRM: _____

COMPLETE ADDRESS OF FIRM: _____

KY EGG LICENSE NUMBER (if applicable) _____

(MANDATORY ENTRY-PLEASE DO NOT OMIT LICENSE NUMBER)

This report includes fees for the following PROCESSORS/WHOLESALEERS/DEALERS: (they will not be credited unless you indicate that you are submitting fees on their behalf)

NAME _____ KY LIC# _____

NAME _____ KY LIC# _____

NAME _____ KY LIC# _____

NAME _____ KY LIC# _____

(Attach separate page if more space is needed. Provide same information.)

SHELL EGGS

Report covers period of _____, 20____ TO _____, 20____
(month) (month)

Total Dozen Eggs Handled: _____

Fee Computation (**\$.02 per 15 dozen or portion thereof**) **TOTAL FOR SHELL EGGS** \$ _____

EGG PRODUCTS/SPECIALTY EGG PRODUCTS

Report covers period of _____, 20____ TO _____, 20____
(month) (month)

_____ Pounds of pasteurized liquid and/or pasteurized frozen product
(@ ½ cent **\$0.005 per 10 pounds** = \$ _____

_____ Pounds of dried, dehydrated, hard-cooked, or specialty egg products
(@ one cent **\$0.01 per 10 pounds** = \$ _____

TOTAL FOR EGG PRODUCTS \$ _____

TOTAL PAYMENT SUBMITTED WITH THIS REPORT \$ _____

RETURN THIS FORM with check or money order for the amount shown above, payable to **KENTUCKY STATE TREASURER** and mail to the **Division of Regulation and Inspection, 107 Corporate Drive, Frankfort, KY 40601.**

The undersigned hereby certifies that the foregoing is a true, complete and accurate statement of the amount of fees for the period covered by this report owing by the undersigned as an egg handler covered by Chapter 260 of the Kentucky Revised Statutes.

REPORTED BY: _____
PLEASE PRINT NAME TITLE

SIGNATURE: _____ PHONE: _____